

Entered - 10/01/01 - sb  
CL01L0600 - DIANNE C. MITCHELL

CLAIM OF: **GEORGE JETER**  
**1704 Lake Cove Way**  
**Atlanta, Georgia 30331**

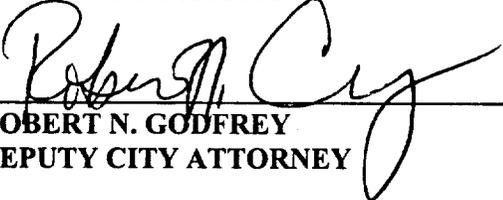
01- *ℓ* -1756

For damages alleged to have been sustained as a result of a vehicular accident on August 4, 2001 at 610 West Whitehall Street, SW.

BY PUBLIC SAFETY AND  
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **GEORGE JETER** the sum of **1,013.86** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on August 4, 2001 at 610 West Whitehall Street, SW as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD  
CITY ATTORNEY

BY:   
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0600

Date: October 19, 2001

Claimant /Victim GEORGE JETER

BY: (Atty)(Ins. Co.) \_\_\_\_\_

Address: 1704 Lake Cove Way, Atlanta, Georgia 30331

Subrogation: \_\_\_\_\_ Claim for Property damage \$ 1,013.86 Bodily Injury \$ \_\_\_\_\_

Date of Notice: 09/19/01 Method: Written, proper X Improper \_\_\_\_\_

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 08/04/01 Place: 610 West Whitehall Street, SW

Department Police Division: \_\_\_\_\_

Employee involved Barry C. Oliver Disciplinary Action: One Day Suspension

NATURE OF CLAIM: The driver of the City vehicle ran a red light and collided with the claimant's vehicle causing damages in the above amount.

INVESTIGATION:

Statements: City employee X Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral X

Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police X Dept Report \_\_\_\_\_ Other \_\_\_\_\_

Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial \_\_\_\_\_

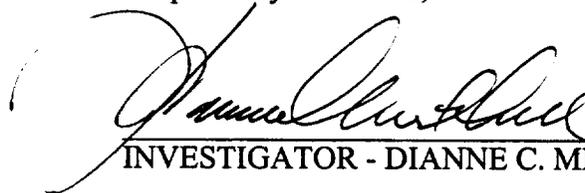
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable X

City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_

Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_

Claimant Negligent \_\_\_\_\_ City Negligent X Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ 1,013.86 Adverse \_\_\_\_\_ Account charged: 1A01 X 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_

Claims Manager: Dianne C. Mitchell Concur/date 10-19-01

Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

Mitchell  
09/26/01  
DM

RECEIVED

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

SEP 19 2001

RE: CLAIM FOR DAMAGES  
Today's Date: 9/18/01

MUNICIPAL CLERK

Dear Municipal Clerk:

ENTERED -10-1-01 - SB  
01L0600 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 4,013.86 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 8/4/01 (month/day/year) 2. Time of Incident: 2:35 Am 3. Police called: X Yes No

4. Location of incident (including street address): Whitehall + Ralph David Abernethy

5. Name of your insurance company: State Farm Ins. Policy No. 172-2388-A14-11

6. State what and how incident occurred: Officer Hymes did not stop at the traffic signal resulting in an accident + damage to my car. The complaint # issued was 012160264

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Lincoln LS 2000 George Jeter  
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: \_\_\_\_\_  
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

George Jeter  
Signature of Claimant

George Jeter  
(Print Claimant's Name)

1704 Lake Cove Way  
(Address)

Atl. GA 30331  
(City, State and Zip Code)

4/344-2061 4/344-6027  
(Work Number) (Home Number)

RECEIVED

01-R-1756 SEP 19 2001 PAK

MUNICIPAL CLERK